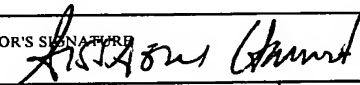
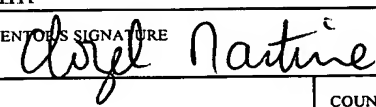


UNITED STATES OF AMERICA COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION			FILE NO.
<p>As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated below next to my name; that I verily believe that I am the original, first and sole inventor (if only one name is listed below) or a joint inventor (if plural inventors are named) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <p style="text-align: center;">QUINOXALINONE-3- ONE DERIVATIVES AS OREXIN RECEPTOR ANTAGONISTS</p>			
<p>the specification of which is attached hereto, unless the following box is checked:</p> <p><input checked="" type="checkbox"/> was filed on April 26, 2004 as PCT International patent application number PCT/EP2004/004374 and was amended on _____ (if any).</p> <p>I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose all information known to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.</p> <p>I hereby claim priority benefits under Title 35, United States Code §119 of any foreign application(s) for patent or inventor's certificate or United States provisional application(s) listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:</p>			
COUNTRY	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. § 119
EP	PCT/EP03/04491	April 28, 2003	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.</p>			
UNITED STATES APPLICATION NUMBER	DATE OF FILING (day, month, year)	STATUS (patented, pending, abandoned)	
<p>I hereby appoint customer no. 32172, DICKSTEIN, SHAPIRO, MORIN & OSHINSKY, LLP, as attorneys with full power of substitution and revocation to prosecute this application, to transact all business in the Patent & Trademark Office connected therewith and to receive all correspondence.</p> <p>SEND CORRESPONDENCE TO: DICKSTEIN, SHAPIRO, MORIN & OSHINSKY, LLP 1177 Avenue of the Americas, 41st Floor New York, NY 10036-2714</p> <p style="text-align: right;">DIRECT TELEPHONE CALLS TO: (212) 835-1400</p> <p>In the event that the filing date and/or Application No. are not entered above at the time I execute this document, and if such information is deemed necessary, I hereby authorize and request my attorneys/agent(s) to insert above the filing date and/or Application No. of said application.</p> <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
FULL NAME OF SOLE OR FIRST INVENTOR AISSAOUI, Hamed		INVENTOR'S SIGNATURE 	DATE 16. Sep. 2005
RESIDENCE (City and either State or Foreign Country) Pulversheim, France		COUNTRY OF CITIZENSHIP France	
POST OFFICE ADDRESS 04, Allée des Griottes, F-68840 Pulversheim			
FULL NAME OF SECOND JOINT INVENTOR (IF ANY) CLOZEL, Martine		INVENTOR'S SIGNATURE 	DATE 16. Sep. 2005
RESIDENCE (City and either State or Foreign Country) Binningen, Switzerland		COUNTRY OF CITIZENSHIP France	
POST OFFICE ADDRESS Winterhalde 3b, CH-4102 Binningen			

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FULL NAME OF THIRD JOINT INVENTOR, IF ANY WELLER, Thomas		INVENTOR'S SIGNATURE <i>Thomas Weller</i>		DATE 16. Sep. 2005
RESIDENCE (City and either State or Foreign Country) Binningen, Switzerland			COUNTRY OF CITIZENSHIP Switzerland	
POST OFFICE ADDRESS Hoelzlistrasse 58, CH-4102 Binningen				
FULL NAME OF FOURTH JOINT INVENTOR, IF ANY KOBBERSTEIN, Ralf		INVENTOR'S SIGNATURE <i>Ralf Koberstein</i>		DATE 16. Sep. 2005
RESIDENCE (City and either State or Foreign Country) Lörrach, Germany			COUNTRY OF CITIZENSHIP Germany	
POST OFFICE ADDRESS Belchenstrasse 17, D-79539 Lörrach				
FULL NAME OF FIFTH JOINT INVENTOR, IF ANY SIFTERLEN, Thierry		INVENTOR'S SIGNATURE SIFTERLEN THIERRY		DATE 16. Sep. 2005
RESIDENCE (City and either State or Foreign Country) Guewenheim, France			COUNTRY OF CITIZENSHIP France	
POST OFFICE ADDRESS 6, rue de Thann, F-68116 Guewenheim				
FULL NAME OF SIXTH JOINT INVENTOR, IF ANY		INVENTOR'S SIGNATURE		DATE
RESIDENCE (City and either State or Foreign Country)			COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS				
FULL NAME OF SEVENTH JOINT INVENTOR, IF ANY		INVENTOR'S SIGNATURE		DATE
RESIDENCE (City and either State or Foreign Country)			COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS				
FULL NAME OF EIGHTH JOINT INVENTOR, IF ANY		INVENTOR'S SIGNATURE		DATE
RESIDENCE (City and either State or Foreign Country)			COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS				
FULL NAME OF NINTH JOINT INVENTOR, IF ANY		INVENTOR'S SIGNATURE		DATE
RESIDENCE (City and either State or Foreign Country)			COUNTRY OF CITIZENSHIP	
POST OFFICE ADDRESS				